

STUDENT CAREER EXPERIENCE PROGRAM SUPPLEMENTAL FORM

PUGET SOUND NAVAL SHIPYARD AND INTERMEDIATE MAINTENANCE FACILITY (PSNS & IMF) APPRENTICE PROGRAM

NAME (LAST)		FIRST (LEGAL)		MIDDLE (FULL)		SSN:	
MAILING ADDRESS						ZIP CODE:	
HOME PHONE ()		WORK PHONE ()		MESSAGE PHONE ()		E-MAIL ADDRESS	
COLLEGE: (Transcripts must be provided [unofficial or official].) Highest College English Course completed: Course # _____ GPA: _____ Date completed _____ Highest College Math Course completed: (Must be within last 3 years) Course # _____ GPA: _____ Date completed _____				If transcript is not available, asset/compass test must be provided. Placement exam taken: (Must be within last 3 years.) Asset <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Compass <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
Please select the shops/codes in which you are interested in receiving consideration. Vacancies for these trades may be located at either the Bremerton site or at Bangor site. For additional information go to www.psns.navy.mil. Select Employment Opportunities, then Apprentice Program for trade descriptions.							
<input type="checkbox"/> Air Conditioning Equipment Mechanic	<input type="checkbox"/> Electronics Mechanic	<input type="checkbox"/> Non-Destructive Test Examiner	<input type="checkbox"/> Rigger				
<input type="checkbox"/> Crane Maintenance Electrician	<input type="checkbox"/> Electroplater	<input type="checkbox"/> Painter (Marine)	<input type="checkbox"/> Sheetmetal Mechanic				
<input type="checkbox"/> Crane Maintenance Mechanic	<input type="checkbox"/> Fabric Worker	<input type="checkbox"/> Plastic Fabricator	<input type="checkbox"/> Shipfitter				
<input type="checkbox"/> Electrician (Marine)	<input type="checkbox"/> Insulator (Mechanical)	<input type="checkbox"/> Pipefitter (Marine)	<input type="checkbox"/> Shipwright (Structural)				
<input type="checkbox"/> Electrician (Temporary Services)	<input type="checkbox"/> Insulator	<input type="checkbox"/> Pipefitter (Temporary Services)	<input type="checkbox"/> Tool & Parts Attendant (Helper only)				
<input type="checkbox"/> Electrician	<input type="checkbox"/> Machinist	<input type="checkbox"/> Pipefitter (Gen. Maint. – Helper only)	<input type="checkbox"/> Toolmaker				
<input type="checkbox"/> Electronic Industrial Control Mechanic	<input type="checkbox"/> Marine Machinery Mechanic	<input type="checkbox"/> Production Machinery Mechanic	<input type="checkbox"/> Welder				

AS A CANDIDATE FOR THE STUDENT CAREER EXPERIENCE PROGRAM, I CAN MEET THE FOLLOWING REQUIREMENTS. (DOCUMENTATION IS REQUIRED.) PLEASE CHECK EACH ONE THAT APPLIES:

_____ I CAN PROVIDE PROOF OF U.S. CITIZENSHIP (Certified Birth Certificate, Passport, Naturalization Papers).

_____ I WILL BE 18 YEARS OF AGE OR OLDER AT THE TIME OF HIRING.
(If you are currently enrolled in high school, give month/year of graduation ____/____)

_____ I UNDERSTAND I MUST OBTAIN A SECURITY CLEARANCE.

_____ I UNDERSTAND I MUST PASS A PSNS & IMF-ADMINISTERED PHYSICAL EXAMINATION.

_____ I HAVE ATTACHED PROOF OF ELIGIBILITY (COLLEGE TRANSCRIPT/ASSET TEST RESULTS/COMPASS TEST RESULTS) TO MEET ELIGIBILITY REQUIREMENTS, AS SPECIFIED IN ANNOUNCEMENT. **PLEASE E-MAIL THE PROOF OF ELIGIBILITY TO productionjobs@psns.navy.mil OR SUBMIT BY A METHOD INDICATED BELOW.**

PLEASE FAX THIS FORM AND PROOF OF ELIGIBILITY TO (360) 476-5327, OR RETURN IT BY MAIL TO:

**Human Resources Office, Code 1113
Attn: Apprentice Program
PSNS & IMF
1400 Farragut Avenue
Bremerton, WA 98314-5001**

PRIVACY ACT WAIVER: Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an "INFORMATION RELEASE APPROVAL" must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at OLYMPIC COLLEGE to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____ DATE: _____